

City of Salem, Massachusetts Police Department Headquarters

95 Margin Street Salem, Massachusetts 01970 (978) 744-2204

30 November 2018

Mary E. Butler
Chief of Police

MuckRock News Dept MR 64380 411A Highland Avenue Somerville, Massachusetts 02144-2516

Dear MuckRock News,

Receipt of your public records request dated November 27, 2018 pertaining to incident reports covering the period July 1, 2018 to November 27, 2018, on the following locations is acknowledged;

50 Grove Street, Salem, Massachusetts 01970 39 Norman Street, Salem, Massachusetts 01970

All responsive Salem Police Department incident reports for 50 Grove Street are appended as enclosure (1).

The Salem Police Department holds no incident reports regarding 39 Norman Street for the identified time period.

Captain Conrad Prosniewski Salem Police Department Keeper of the Records

Encl: (1) SPD Incident Reports, 50 Grove St., 01JUL18-27NOV18

CAD Remarks for Incident 1800034587

IDLCHG: MPROSNIEWS Created:

11/27/18 18:05:07:757

SALEMPD\mprosniewski

LOOSE PUPPY IN PARKING LOT

IDLCHG: DFAMICO

Created:

11/27/18 18:19:27:020

SALEMPD\mprosniewski

CLEAR ACO NOTIFIED

IDLCHG: DFAMICO

Created:

11/28/18 12:14:14:357

SALEMPD\dfamico

TAN MALE CHIGUAGUA PICKED UP AND TAKEN TO THE STATION FROM HARMONY GROVE ROAD. DOG HAS ON A BANFIELD RABIES TAG # 724538 ATTEMPTING TO CONTACT OWNER AT THIS TIME.

DOG TRANSPORTED 11 -28-18 TO BORASH VET FOR SAFE KEEPING.

Salem Police Department Records Division 95 Margin Street Salem, MA 01970

Page 1 of 1

95 Margin Street, Salem MA 01970 (978) 744-1212

								C	ASE/IN	CIDE	NT RE	PORT			SUPPLEMEN	'ARY
CFS NO 180003409	98	DAY 6		ENT DATE 23/2018 11/23/2018	TIME 11:01	DATE OF RI 11/23/2018	PT TIME OF R 14:25	1 –	OF INCIDI M - COMME				INCIDENT	M Patrol Off	GATING OFFICE ficer TIMOTHY	R BADGE NO
DIVISION				DIVISION	NO	REFEREN	CE DIVISION	REFERE	NCE DIVIS	ION NO	CASE	K-REFERENCE	UNIT ID	TYPIS	T DATE TYP	ED TIME TYPED
	J		L_			L							69	TSALV	O 11/23/201	8 14:25
STREET N							APARTMENT	NO/LOCA	ATION	INTER	SECTING	STREET NAME	AND TYPE		STATUS	TOWN CD
00050		E St	SALEM	<u> </u>											Report	T258
OFFENSE							LOCAL X-RE	F CODE	IBR COL	E AT	T/COMP	OFFENSE DE	SCRIPTION			
ALARMS - (COMMER	CIAL					700		INF	Co	mpleted	Other/unknown				
STATUS CO	DDE C=C	OMPL	LAINAN	T V=VICTI	M A=AR	RESTEE J=	JUVENILE H=(OTHER N	M=MISSING	- W=W	ITNESS	O=OFFENDER	D=DRIVER	S=SUSPECT	P=POLICE OFF	CER T=TOT
STATUS	NAME				SEX RA	CE D.O.	В. Т	ELEPHO	NE ,	ADDRE	SS					TE & NO.
Н	Bradley, \	/icki			4											
ON 1	1/23/1	8 A1	T ABO	OUT 110	1 HRS	THIS O	FFICER. S	ALVO.	. CAR 3	5 AN	ID OF	ICER RYA	N PESPO	NDED TO	THE MOO	
LODGE	LOCA	TED	AT	50 GROV	/F ST	EOD DE	DODT OF	ANLAL	A D & A	OT!!	A TION	UDONAD	THE INCLOSE OF	NDED IC	THE MUC	SE

LODGE LOCATED AT 50 GROVE ST FOR REPORT OF AN ALARM ACTIVATION. UPON ARRIVAL I SPOKE TO EMPLOYEE VICKI BRADLEY WHO REPORTED SHE ACCIDENTALLY SET OFF THE ALARM.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER.

THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE: OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS

OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT:OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS

NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:

INVESTIGATOR I.D.#:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
INVESTIGATOR SIGNATURE	SUPERVISOR I.D.#:	
INVESTIGATOR SIGNATURE	SUPERVISOR I.D.#:	
INVESTIGATOR I.D.#:	SUPERVISOR I.D.#:	
INVESTIGATOR SIGNATURE	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
INVESTIGATOR SIGNATURE	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
INVESTIGATOR SIGNATURE	SUPERVISOR SIGNATURE	SUP

SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970 (978) 744-1212

CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 180003300	06	DAY 1		IT DATE /2018 11/11/2018	TIME 10:04	DATE OF F 11/11/201	- 1	TIME OF RI 11:41	1	OF INCID				INCIDENT C ALMCOM	Patrol Offi MONK, R	cer	NG OFFICER	BADGE NO 187
DIVISION				DIVISION	NO	REFERE	NCE	DIVISION	REFERE	NCE DIVIS	ION NO	CASE	X-REFERENCE	UNIT ID	TYPIST		DATE TYPED	TIME TYPED
														187	RMONK		11/11/2018	11:41
STREET N	IC STRE	ET NA	ME AND	TYPE			AF	PARTMENT	NO/LOCA	TION	INTE	RSECTING	STREET NAME	AND TYPE		STA	ATUS	TOWN CD
00050	GROV	E St	SALEM													Rep	port	T258
OFFENSE					· · · · · · · · · · · · · · · · · · ·	· ·	Le	OCAL X-REI	CODE	IBR CO	DE A	TT/COMP	OFFENSE DES	SCRIPTION				
ALARMS -	COMMER	CIAL					\mathbb{L}_{-}	700		INF	c	ompleted	Specialty Store					
STATUS CO	ODE C=0	СОМР	LAINANT	V=VICTIA	A=AR	RESTEE J	≃JUV	/ENILE H=C	THER !	M=MISSIN	G W=1	VITNESS	O=OFFENDER	D=DRIVER S=	SUSPECT	P=P(OLICE OFFICI	ER T=TOT
STATUS	NAME				SEX RA	CE D.C).B.	Т	ELEPHO	NE	ADDRE	SS					OP STATE	& NO.
Н	Lavalle.	John																

On 11/11/2018 at 1004hrs, Unit 26 (R.Monk) was dispatched to 50 Grove St for an alarm. Upon arrival I was met by the Security Guard John Lavalle who stated there were new tennants moving into the building and the alarm was accidentally triggered.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER.
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INVESTIGATOR SIGNATURE: /OFC. ROBERT MONK/	INVESTIGATOR I.D.#: 187	SIGNED DATE: 11/11/2018	SUPERVISOR SIGNATURE **LT. DAVID TUCKER/**	SUPERVISOR I.D.#: 125
			——————————————————————————————————————	

95 Margin Street, Salem MA 01970 (978) 744-1212

					CAS	E/INCIDENT	CASE/INCIDENT REPORT REDACTED	ED		SUP	SUPPLEMENTARY	· · · · · ·
CFS NO 1800032145	-	DAY INCIDENT DATE 6 11/02/2018 11/02/2018	19:44	DATE OF RPT TIME 11/02/2018 22:27	TIME OF RPT 22:27	TIME DATE OF RPT TIME OF RPT TYPE OF INCIDENT 19:44 MEDICAL AID - HOT	<u> </u>	INCIDEN	NCIDENT CD INVESTIGATI	STIGATIN	INCIDENT CD INVESTIGATING OFFICER BADGE NO MEDHOT Patrol Officer 191	BADGE NO
DIVISION		DIVISION NO		REFERENCE DIVISION		NCE DIVISION NO	REFERENCE DIVISION NO CASE X-REFERENCE	ONIT ID	MON F	TYPIST DATE	DATE TYPED TIME TYPE	TIME TYPE
j								191	¥ —	KMONK	11/02/2018	22:27
STREET NO	STREET N.	STREET NO STREET NAME AND TYPE		A	APARTMENT NO/LOCATION	O/LOCATION	INTERSECTING STREET NAME AND TYPE	AME AND TYPE		STATUS	JUS	TOWN CD
00020	GROVE St SALEM	SALEM			2	218				Report	ort	T258
OFFENSE	1	:			OCAL X-REF C	CODE IBR CODE	LOCAL X-REF CODE IBR CODE ATT/COMP OFFENSE DESCRIPTION	DESCRIPTION				

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT OP STATE & NO. Completed Other/unknown Completed Other/unknown ADDRESS 벌벌 TELEPHONE 180 20A D.O.B. SEX RACE AMBULANCE ASSIST MEDICAL - GENERAL STATUS NAME

On 11/2/18 at 7:44pm, Unit 26 (K. Monk) responded to the Moose Lodge, 50 Grove St., for the report of an intoxicated party. Upon who was requesting detox. Atlantic Ambulance arrived and Anderson arrival contact was made outside on Grove St. with was transported to Salem ES for further care.

Salem Police Department Records Division 95 Margin Street Salem, MA 01970

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INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:

SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970 (978) 744-1212

CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 180002854	14	DAY 3	INCIDENT 10/02/2 10		TIME 15:14	DATE OF RI 10/02/2018	PT TIME OF R 3 15:43	1	OF INCIDE I - HOLD U		IC		INCIDENT C	Patrol Office	ATING OFFICER cer D, STEVEN A.	BADGE NO 204
DIVISION				DIVISION	NO	REFEREN	CE DIVISION	REFEREN	ICE DIVISI	ON NO	CASE >	(-REFERENCE	UNIT ID	TYPIST	DATE TYPE	TIME TYPED
Patrol			26									,	167	SCLAUDIN	NO 10/02/2018	15:43
STREET N	STRE	ET NA	ME AND T	YPE			APARTMENT	NO/LOCA	TION	INTER	SECTING	STREET NAME A	ND TYPE		STATUS	TOWN CD
00050	GROV	E St	SALEM												Report	T258
OFFENSE							LOCAL X-RE	F CODE	IBR COD	E AT	T/COMP	OFFENSE DES	CRIPTION			
ELDER INV	OLVED (OVER	60)				91W		INF	Co	mpleted	Other/unknown				
ALARMS - H	HOLD-UP	/ PAN	IIC				707		INF	Co	mpleted	Other/unknown				
STATUS CO	ODE C=0	OMP	LAINANT	V=VICTIN	M A=AR	RESTEE J=	JUVENILE H=	OTHER M	M=MISSING	w=w	/ITNESS	O=OFFENDER I	D=DRIVER S=	SUSPECT	P=POLICE OFFIC	ER T=TOT
STATUS	NAME				SEX R	ACE D.O.	В. Т	ELEPHON	IE /	ADDRE	ss				OP STAT	E & NO.
Н	CHRIST	Y, GEO	RGE R					٠.		lo.					-	كبست
Н	Krigest 5	Stever	1		-				-							

ON TUESDAY 10/02/18, I OFFICER CLAUDINO WAS ASSIGNED TO MARKED CRUISER #26. AT APPROXIMATELY 15:14 HOURS OFFICER GROSS AND I WERE DISPATCHED TO 50 GROVE STREET FOR ALARM PANIC ALARM.

UPON ARRIVAL I SPOKE WITH Steven Krigest WHO IS AN ALARM TECHNICIAN FOR PROTECTION ONE. KRIGEST WAS WORKING ON THE PANIC ALARM WHEN THE POLICE STATION RECEIVED A 911 PANIC ALARM. HE RELATED THAT HE HAD PUT THE ALARM INTO A TWO HOUR TEST. THESE OFFICERS DID A CHECK OF THE BUILDING WITH THE DIRECTOR OF SECURITY GEORGE R CHRISTY. ALL APPEARS NORMAL AT THIS TIME.

THE UNDERSIGNED, AN INVESTIGATOR HAVING B	EEN DULY SWORN DEPOS	SES AND SAYS THAT: I AM THE W	RITER OF THE ATTACHED POLICE REPORT PERTAINING	TO THIS INCIDENT NUMBER.
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INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
/OFC. STEVEN A CLAUDINO/	204	10/02/2018	/SGT. JOHN BURKE/	136

SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970 (978) 744-1212

CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 180002742	3	DAY 7	INCIDENT DATE 09/22/2018 09/22/2018	TIME 19:58	DATE OF R 09/22/201		1	OF INCIDE		ITED GUE	ST	INCIDENT O	Patrol Office MALIONE			BADGE NO 199
DIVISION			DIVISION	NO	REFEREN	ICE DIVISION	REFEREN	NCE DIVISI	ON NO	CASE >	K-REFERENCE	UNIT ID	TYPIST	DATE	TYPED	TIME TYPED
Patrol			24									199	TMALIONE	EK 09/22	/2018	21:31
STREET	STRE	ET NA	ME AND TYPE			APARTMENT	NO/LOCA	TION	INTER	SECTING	STREET NAME A	ND TYPE		STATUS		TOWN CD
00050	GROV	E St	SALEM				218							Report	}	T258
OFFENSE					·	LOCAL X-RE	F CODE	IBR COD	E AT	T/COMP	OFFENSE DES	CRIPTION				
UNDESIRA	BLE		·			914		INF	C	mpleted	Highway/road/alle	y				
NO PERM I	RESIDEN	CE / H	IOMELESS			91B		INF	Co	mpleted	Highway/road/alle	y				
STATUS CO	DDE C=0	СОМР	LAINANT V=VICTI	M A=AR	RESTEE J	JUVENILE H=	OTHER N	/=MISSING	- W=W	ITNESS	O=OFFENDER [D=DRIVER S=	SUSPECT	P=POLICE	OFFICE	R T=TOT
STATUS	NAME			SEX R	ACE D.O	.B. T	ELEPHON	NE A	ADDRE	ss				OP	STATE	& NO.
Н	MOOSE	LODG	E	П		1		[5	50 GRO	VE St SAL	EM MA		,			
н	RAVELO	, KIAR	AM				5 ==									F
П	Tohin Al	VSS2		T							,					

On 09/22/2018 at 7:58PM this officer (Malionek) assigned to full uniformed patrol in unit 24 responded to 50 Grove St on the report of undesirables asking people for cigarettes.

Upon arrival contact was made with Kiana Ravelo and Alyssa Tobin. Both parties stated that they were indeed asking people for cigarettes. This officer checked both parties for warrants and sent them on their way without issue. Clear.

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INVESTIGATOR SIGNATURE:

INVESTIGATOR SIGNATURE:

JOPICAL TEGHAN A MALIONEK/

199

JUPERVISOR I.D.#:

199

LT.T. MARC BERUBE/

122

95 Margin Street, Salem MA 01970 (978) 744-1212

SUPPLEMENTARY

CASE/INCIDENT REPORT REDACTED

CFS NO	DAY	DAY INCIDENT DATE TIME DATE OF RPT TIME	TIME	DATE OF RPT		OF RPT TYPE OF INCIDENT	5	INCIDENT C	INCIDENT CD INVESTIGATING OFFICER BADGE NO	IG OFFICER	BADGE NO
1800025975	- 5	09/10/2018 09/10/2018	8	09/10/2018 15:32		MEDICAL AID - HOT		МЕДНОТ	MEDHOT Fattol Officer RONDINELLI, JESSICA	JESSICA	185
DIVISION		DIVISION NO		REFERENCE DIVISION RI	ION REFERE	ENCE DIVISION NO	EFERENCE DIVISION NO CASE X-REFERENCE	ONIT ID	TYPIST	TYPIST DATE TYPED TIME TYPED	TIME TYPED
Patrol		24						185	JRONDINELL	JRONDINELL 09/10/2018	15:32
STREET NO	STREET NA	STREET NO STREET NAME AND TYPE		4	APARTMENT N	MENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	NAME AND TYPE	ST/	STATUS	TOWN CD
000020	GROVE St SALEM	SALEM			, 4	218			Re	Report	T258

SCRIPTION				
OFFENSE DE	Completed Other/unknown	Completed Other/unknown	Completed Other/unknown	Completed Other/unknown
ATT/COMP	Completed	Completed	Completed Other/unk	Completed
IBR CODE	N N	¥	₽ E	Ä
LOCAL X-REF CODE IBR CODE ATT/COMP OFFENSE DESCRIPTION	91W	180	20A	201
OFFENSE	ELDER INVOLVED (OVER 60)	MEDICAL - GENERAL	AMBULANCE ASSIST	FIRE DEPT ASSIST

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT

ADDRESS

TELEPHONE

D.O.B.

SEX RACE

MOOSE LODGE

NAME

STATUS

OP STATE & NO.

On Monday, September 10, 2018, I, Officer Rondinelli was assigned full uniform patrol in marked unit 24 between 8am - 4pm. At approximately 3:15pm, I, responded to The Moose Club, 50 Grove Street, for a report of a female party with chest pains. who stated that she was experiencing severe chest •was transported to North Shore Medical Center by Atlantic Ambulance. Upon arrival with Atlantic Ambulance and Salem Fire we spoke to

Salem Police Department Salem, MA 01970 Records Division 95 Margin Street

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OF THE INFORMATION SO RECEIVED BY ME.	SIGNATURE SUPERVISOR I.D.#:	
JELIS AN ACCURALE STATEMENT C	SUPERVISOR SIGNATURE	
ORI. IHAI IHE KEPO	.#: SIGNED DATE:	
IN THE ATTACHED REPO	INVESTIGATOR I.D.#:	
NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.	INVESTIGATOR SIGNATURE:	

35 Margin Street, Salem MA 01970 (978) 744-1212

CASE/INCIDENT REPORT REDACTED

SUPPLEMENTARY

CFS NO	DAY	INCIDENT DATE	TIME	DATE OF RPT	TIME OF RP	TYPE OF INCIDER		INCIDENT	NCIDENT CD INVESTIGATING OFFICER BADGE NO	NG OFFICER	BADGE NO
1800021150	7	7 07/28/2018 14:08 07/28/2018 15:44 MEDICALAID - NO EI 07/28/2018	14:08	07/28/2018 15:44	15:44	MEDICAL AID - NO EMD	EMD	MED	Patrol Officer JULIO, JONATHAN	THAN	216
DIVISION		DIVISION NO	Ь—	FERENCE DIVIS	ION REFERE	ENCE DIVISION NO	REFERENCE DIVISION REFERENCE DIVISION NO CASE X-REFERENCE	ONIT ID	TYPIST	DATE TYPED TIME TYPED	TIME TYPED
Patrol			-					216	JJULIO	07/28/2018	15:44
STREET NO	STREET N	STREET NO STREET NAME AND TYPE		4	PARTMENT N	APARTMENT NO/LOCATION	INTERSECTING STREET NAME AND TYPE	NAME AND TYPE	ST	STATUS	TOWN CD
00000	GROVE St SALEM	SALEM							<u> </u>	Report	T258

OFFENSE	LOCAL X-REF CODE	IBR CODE	ATT/COMP	OCAL X-REF CODE IBR CODE ATT/COMP OFFENSE DESCRIPTION
ELDER INVOLVED (OVER 60)	91W	ĸ	Completed	Completed Other/unknown
ALCOHOL RELATED	003	Ä	Completed	Completed Other/unknown
MEDICAL - GENERAL	180	¥	Completed	Completed Other/unknown
AMBULANCE ASSIST	20A	Ā	Completed	Completed Other/unknown
FIRE DEPT ASSIST	201	INF	Completed	Completed Other/unknown

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT OP STATE & NO. ADDRESS TELEPHONE D.O.B. SEX RACE MOOSE LODGE NAME STATUS I

EST.VALUE I=NONE 2=BURNED 3=COUNTERFEIT/FORGED 4=DAMAGED/DEST 5=RECOVERED 6=SEIZED 7=STOLEN 8=UNKNOWN 9=IMPOUNDED/FOUND T=TOWED E=EVIDENCE A=ABANDONED MAKE | MODEL | COLOR | VIN/SERIAL NO. REG YEAR STATE MODEL BRAND CODE QTY. DESCRIPTION

responded to 50 Grove St. (The Moose Lodge) on report of an elder male party in medical distress arriving at approximately 14:15 hours. On July 28, 2018 while working assigned shift 08:00-16:00 hours in marked unit #24 I, Ofc. Julio along with Ofc. Crabtree

Upon arrival Atlantic EMS and the Fire Department were already on scene. Atlantic was performing an evaluation or

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INVESTIGATOR SIGNATURE: SUPERVISOR I.D.#: SUPERVISOR SIGNATURE: SUPERVISOR I.D.#:	INVESTIGATOR I.D.#: SIGNED DATE: SUPERVISOR SIGNATURE
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95 Margin Street, Salem MA 01970

(978) 744-1212

CASE/INCIDENT REPORT REDACTED

SUPPLEMENTARY

CFS NO	DAY	DAY INCIDENT DATE TIME DATE OF RPT TIME OF RPT TYPE OF INCIDENT	TIME	DATE OF RPT	TIME OF RPT 1	TYPE OF INCIDEN	LZ	INCIDENT	D INVESTIGAT	INCIDENT CD INVESTIGATING OFFICER BADGE NO	BADGE NO
1800021150		07/28/2018 07/28/2018	14:08	07/28/2018 15:44	15:44 N	MEDICAL AID - NO EMD	EMD	MED	Patrol Officer JULIO, JONATHAN	THAN	216
DIVISION		DIVISION NO		ERENCE DIVISI	ON REFEREN	CE DIVISION NO	REFERENCE DIVISION REFERENCE DIVISION NO CASE X-REFERENCE	OI LIND	TYPIST	DATE TYPED TIME TYPED	TIME TYPED
Patrol								216	OLLUC	07/28/2018	15:44
STREET NO	STREET NAM	STREET NO STREET NAME AND TYPE		AF	APARTMENT NO/LOCATION	LOCATION	INTERSECTING STREET NAME AND TYPE	NAME AND TYPE	LS	STATUS	TOWN CD
000020	GROVE St SALEM	SALEM							<u> </u>	Report	T258

k stated that he did not collapse or fall and that he was just "resting on the ground" after drinking a beer. Atlantic refused stating that he was found no medical emergency and when asked if he would like to be transported to the hospita feeling fine.

was concious and alert with no visable injuries upon our departure.

Salem Police Department Records Division Salem, MA 01970 95 Margin Street

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SUPERVISOR I.D.#: SUPERVISOR SIGNATURE INVESTIGATOR I.D.#: SIGNED DATE: INVESTIGATOR SIGNATURE

SALEM POLICE DEPARTMENT

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CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800020758	DAY 3	/ INCIDENT DATE 07/24/2018 07/24/2018	TIME 20:14	DATE OF RF 07/24/2018	1	1	OF INCIDE		MV		INCIDENT CI SUSP	INVESTIC Sergeant ROCHEVE			BADGE NO 55
DIVISION		DIVISION	NO	REFEREN	CE DIVISION	REFEREN	ICE DIVISI	ON NO	CASE >	-REFERENCE	UNIT ID	TYPIST	٦	DATE TYPED	TIME TYPED
											55	HROCHEV	/ILL	07/24/2018	20:59
STREET NO STR	EET N	AME AND TYPE			APARTMENT	NO/LOCA	TION	INTER	SECTING	STREET NAME A	ND TYPE		STA	TUS	TOWN CD
00050 GR	OVE St	SALEM											Rep	ort	T258
OFFENSE					LOCAL X-RE	F CODE	IBR COD	E A1	T/COMP	OFFENSE DES	CRIPTION				
MEDICAL - GENE	RAL				180		INF	C	ompleted	Other/unknown					
CIU DIRECTED PA	TROL			1	19E		INF	C	mpleted	Other/unknown					

On the above date Officer Vaillancourt and Sergeant Rocheville were conducting a directed patrol a long the railroad tracks to the rear of the old Salem Oil and Grease. When we got to the railroad bridge we discovered a male subject floating in the North River wearing just shorts. We attempted to engage him in conversation, but he appeared to be under the influance of narcotics. When he responded to verbal stimuli he would make a moaning sound. After serveral minutes we were able to convince him to exit the water. Due to his level of intoxication he had a difficult time exiting the water. Officer Vaillancourt located clothing, a cell phone and sneakers on the opposit side of the river. He located a Massachusetts Drivers License in the name of the same from Street, Peabody. Officer Vaillancourt contacted Peabody P.D. who reported that uses the illegal substance, "Bath Salts" and is extremely combative with law enforcement officers. was transported to the NSMC via A/A without incident.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER. THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE: OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE: INVESTIG	ATOR I.D.#: SIGNED DATE:	OUDED WOOD DICHATURE	LOUDED 400D LD #
INVESTIGATION OF STATES	ATOK I.D.#. SIGNED DATE.	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
/SGT. HARRY ROCHEVILLE/ 55	07/24/2018	/SGT. HARRY ROCHEVILLE/	55

SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970 (978) 744-1212

CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800019990	3	AY II	NCIDENT DATE 07/17/2018 07/17/2018	TIME 08:05	DATE OF 07/17/2		TIME OF R 09:48	1	OF INCIDE 4 - COMME				INCIDENT C ALMCOM	Patrol Offi RONDINE	cer		BADGE NO 185
DIVISION			DIVISION	NO	REFER	ENCE	DIVISION	REFERE	NCE DIVIS	ION NO	CASE	X-REFERENCE	UNIT ID	TYPIST	r [c	DATE TYPED	TIME TYPED
Patrol			24		Patrol			24					185	JRONDINE	ELL	07/17/2018	09:48
STREET NO	STREET	NAM	E AND TYPE			Α	PARTMENT	NO/LOC/	ATION	INTER	SECTING	STREET NAME	AND TYPE		STAT	US	TOWN CD
00050	GROVE S	t S	ALEM												Repo	ort	T258
OFFENSE						Ţ	LOCAL X-RE	F CODE	IBR COD	DE AT	T/COMP	OFFENSE DES	CRIPTION				
ALARMS - CO	OMMERCIA	\L					700		INF	C	mpleted	Drug Store/docto	rs Office/hospita	ıl			
STATUS CO	DE C=COM	/IPLA	NANT V=VICTIN	M A=AR	RESTEE	J=JU	VENILE H=0	OTHER	M=MISSING	3 W=V	ITNESS	O=OFFENDER	D=DRIVER S=	SUSPECT	P=PO	LICE OFFICE	R T=TOT
STATUS N	IAME			SEX R	ACE D	О.В.	T	ELEPHO	NE	ADDRE	SS					OP STATE	& NO.
н А	Itemative T	hera	pies Group				Fax	(617) 6	74 - 2480	50 Grov	e St SALE	EM MA					
							Bus	(978) 5	94 - 5728								
H P	ateal, Amy																

On Tuesday, July 17, 2018, I, Officer Rondinelli was assigned full uniform patrol in marked unit 24 between 8am - 4pm. At approximately 08:05am, Officer Scialdone (Unit 23) and I, responded to Alternative Therapies Group, Lected at 50 Grove Street, for a report of an alarm.

Upon arrival I spoke to Amy Pateal who stated that there were no issues and that the alarm must have been accidental. I walked around with Pateal and did not observe anything out of the ordinary. I advised her to contact the department if she needed further assistance.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER.
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NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE:	INVESTIGATOR I.D.#:	SIGNED DATE:	SUPERVISOR SIGNATURE	SUPERVISOR I.D.#:
/OFC. JESSICA RONDINELLI/	185	07/17/2018	/SGT. ROBERT LUBAS/	116
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SALEM POLICE DEPARTMENT

95 Margin Street, Salem MA 01970 (978) 744-1212

CASE/INCIDENT REPORT

SUPPLEMENTARY

CFS NO 1800019528		DAY 5	INCIDENT DATE 07/12/2018 07/12/2018	TIME 10:46	DATE OF R 07/12/2018		. 1	OF INCIDE				INCIDENT C ALMCOM	Patrol Offic GAGNON,		BADGE NO 137
DIVISION			DIVISION	NO	REFEREN	ICE DIVISION	REFEREN	NCE DIVIS	ION NO	CASE	X-REFERENCE	UNIT ID	TYPIST	DATE TYPE	TIME TYPED
					1							137	DJGAGNO	ON 07/12/2018	13:41
STREET NO	STRE	ET NA	ME AND TYPE			APARTMENT	NO/LOCA	TION	INTER	SECTING	STREET NAME	AND TYPE		STATUS	TOWN CD
00050			SALEM				BALM							Report	T258
OFFENSE						LOCAL X-RE	F CODE	IBR CO	DE AT	T/COMP	OFFENSE DES	CRIPTION			
ELDER INVO	LVED (OVER	60)			91W	1	INF	C	ompleted	Other/unknown				
ALARMS - CO	OMMER	RCIAL				700		INF	C	ompleted	Other/unknown				
STATUS COL	DE C=0	COMP	LAINANT V=VICTI	M A=AR	RESTEE J	JUVENILE H=	OTHER M	M=MISSIN	G W=V	VITNESS	O=OFFENDER	D=DRIVER S=	SUSPECT	P=POLICE OFFIC	ER T=TOT
STATUS N	IAME			SEX R	ACE D.O	.B. 1	TELEPHO	NE	ADDRE	SS				OP STATI	E & NO.
н н	IARRIS	, Stanl	ey	W											

ON 7/12/18 AT 10:46 I, OFFICER GAGNON RESPONDED TO 50 GROVE STREET FOR A COMMERCIAL ALARM.

STAN HARRIS, MAINTENANCE FOR GOLDBERG PROPERTIES STATED THAT HE SET OFF THE ALARM BY ACCIDENT. NO PROBLEMS REPORTED.

THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER.
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INVESTIGATOR SIGNATURE:

/OFC. DEEJAY GAGNON/
137

INVESTIGATOR 1.0.#:

/SGT. ROBERT LUBAS/
116

CAD Remarks for Incident 1800019527

IDLCHG: CJMCKENNA Creat

Created: 07/12/18 10:14:23:683

SALEMPD\cjmckenna

POSSIBLE RABID POSSUM

IDLCHG: CJMCKENNA

Created: 07/12/18 10:54:21:883

SALEMPD\cjmckenna

CLEAR, REPORT TAKEN

Salem Police Department Records Division 95 Margin Street Salem, MA 01970

95 Margin Street, Salem MA 01970 (978) 744-1212

SUPPLEMENTARY

CASE/INCIDENT REPORT REDACTED

CFS NO	DAY	DAY INCIDENT DATE TIME DATE OF RPT TIME C	TIME	DATE OF RPT	TIME OF RPT	OF RPT TYPE OF INCIDENT	F	INCIDENT C	INCIDENT CO INVESTIGATING OFFICER BADGE NO	1G OFFICER	BADGE NO
1800019185	2	07/09/2018 07/09/2018	11:23	07/09/2018 15:27		MEDICAL AID - COLD	רָס	MEDCLD	Patrol Officer RYAN, DEVYN J.	۵.	198
DIVISION		DIVISION NO		REFERENCE DIVISION RE	ION REFEREN	ICE DIVISION NO	EFERENCE DIVISION NO CASE X-REFERENCE	OI TINO	TYPIST	TYPIST DATE TYPED TIME TYPED	TIME TYPED
Patrol		56						198	DRYAN	07/09/2018	15:27
STREET NO	STREET NA	STREET NO STREET NAME AND TYPE	-	A	APARTMENT NO/LOCATION		INTERSECTING STREET NAME AND TYPE	NAME AND TYPE	ST	STATUS	TOWN CD
000020	GROVE St SALEM	SALEM			1				Re	Report	T258

OFFENSE	LOCAL X-REF CODE	IBR CODE	ATT/COMP	OFFENSE DESCRIPTION	
MEDICAL - GENERAL	180	TA L	Completed	Other/unknown	1
	181	¥	Completed Ot	Other/unknown	
AMBULANCE ASSIST	-	_	Completed	NF Completed Other/unknown	 ! !

OP STATE & NO. ADDRESS TELEPHONE D.O.B. SEX RACE NAME STATUS

STATUS CODE C=COMPLAINANT V=VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT

On Monday, July 09, 2018 Officer Gross and I, Officer Ryan were assigned full uniform patrol in marked cruiser #26 shift 8AM-4PM. At approximately, 11:23AM we were dispatched to 50 Grove Street for a medical overdose.

who stated she took three anxiety pills instead of her was transported to Beverly was alert and conscious when Atlantic Ambulance left the scener Upon arrival we were met with Atlantic Ambulance. We spoke with A prescribed dose of two. Hospital.

Salem Police Department Records Division Salen, MA 01970 95 Margin Street

OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT: OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT FROM THE PERSON OR PERSONS THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE: OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS NAMED OR IDENTIFIED THEREIN, AS INDICATED IN THE ATTACHED REPORT. THAT THE REPORT IS AN ACCURATE STATEMENT OF THE INFORMATION SO RECEIVED BY ME.

INVESTIGATOR SIGNATURE: SIGNED DATE: SIGNED DATE: SUPERVISOR SIGNATURE: SUPERVISOR SIGNATURE: SUPERVISOR I.D.#:	
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95 Margin Street, Salem MA 01970 (978) 744-1212

CASE/INCIDENT REPORT REDACTED

SUPPLEMENTARY

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			NOWN	Other/unknown	Completed	킦	180				VERAL	MEDICAL - GENERAL
			OFFENSE DESCRIPTION	OFFENSI	-	E IBR CODE	LOCAL X-REF CODE					OFFENSE
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T258	Report									E AND THE	STATE NAM	STREET NO STREET NAME AND THE
	CIAIUS	U	ING STREET NAME AND TYPE	3 STREET N	INTERSECTING		APARTMENT NO/LOCATION	APA			100	
TOWN	TATILO	2					-					ranoi
11:32	MSCIALDONE 07/05/2018	MSCIALDONE	173]
		-		IKENCE	CASE X-REFE	DIVISION NO	REFERENCE	REFERENCE DIVISION REFERENCE DIVISION NO CASE X-REFERENCE		DIVISION NO		NOISIVID
TIME TYPED	DATE TYPED TIME TYPED	TYDICT		1			+		Γ	07/05/2018		18000018817
	MATTHEW	SCIALDONE, MATTHEW				MEDICAL AID - HOT		07/05/2018 11:32	09:39	07/05/2018	51	
173		Patrol Officer	MEDICI		• -	E OF INCIDEN	ME OF AT	DATE OF RPT TIME OF RPT TIPE OF INCIDENT	TIME	INCIDENT DATE	DAY	CFS NO
BADGE NO		INCIDENT CD INVESTIGATING OFFICER	INCIDENT (7	T OF NOTEN	200					

ON 7/5/18 AT APPROXIMATELY 0939 HOURS, UNIT 23 SCIALDONE RESPONDED TO 50 GROVE ST, ELLIOT HEALTH FOR A MEDICAL AID (FALL). UPON ARRIVAL INJURIES. SHE WAS ASSISTED AND TRANSPORTED TO SALEM ES BY ATLANTIC AMBULANCE. HWAS ALERT AND WELL. SHE STATES SHE WAS DIZZY AND FELL. NO VISIBLE

NAME

SEX RACE DOB

TELEPHONE

ADDRESS

OP STATE & NO.



OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT:OR (3)INFORMATION SECURED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT BY THE PERSON OR PERSONS OF MY POLICE DEPARTMENT OR OF ANOTHER POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER MEMBER OF A POLICE DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION SO RECEIVED BY MYSELF OR ANOTHER DEPARTMENT OF THE INFORMATION OF THE UNDERSIGNED, AN INVESTIGATOR HAVING BEEN DULY SWORN DEPOSES AND SAYS THAT: I AM THE WRITER OF THE ATTACHED POLICE REPORT PERTAINING TO THIS INCIDENT NUMBER THAT THE INFORMATION CONTAINED THEREIN WAS SECURED AS A RESULT OF (1)MY PERSONAL OBSERVATION AND KNOWLEDGE: OR (2)INFORMATION RELAYED TO ME BY OTHER MEMBERS

Splem, MA 01970